

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

NL 000590

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |                      |                                     |                  |      | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|-----------------|----------------------|-------------------------------------|------------------|------|---------------------|------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 10              |                      |                                     |                  |      | RATE                | FEE                    |    | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED    |                      | NUMBE                               | R EXTRA          | •    | BASIC FEE           | 370.00                 | OR | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | /O minus 20=    |                      | · B                                 |                  |      | X\$ 9=              |                        | OR | X\$18=                        |                        |
| INDI  | PENDENT CL                             | AIMS  | / minus 3 =     |                      | * /                                 |                  |      | X42=                |                        | OR | X84=                          |                        |
| MUI   | TIPLE DEPEN                            | DENT CLAIM PI                               | RESENT          |                      |                                     |                  |      | +140=               |                        | OR | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                 |                      |                                     |                  |      | TOTAL               |                        | OR | TOTAL                         | 740                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                 |                      |                                     |                  |      | SMALL               | ENTITY                 | OR | OTHER<br>SMALL                |                        |
| AMENDMENT A   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                 | HIĞI<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR        | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE | x  | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                  | *   | Minus           | **                   |                                     | =                |      | X\$ 9=              |                        | OR | X\$18=                        |                        |
|   | Independent                            | *   | Minus           | ***                  |                                     | =                |      | X42=                |                        | OR | X84=                          |                        |
| ٩   | FIRST PRESE                            | NTATION OF M                                | ULTIPLE DE      | PENDEN               | T CLAIM                             |                  | ۱    | +140=               |                        | OR | +280=                         |                        |
|   |  |   |                 |                      |                                     |                  |      | TOTAL               |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                  |                 | (Colu                | ımn 2)                              | (Column 3        | )    | ADDIT. FEE          | <b>1</b>               | •  | ADDII.1 EL                    |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | NUI<br>PREV          | HEST<br>MBER<br>YIOUSLY<br>D FOR    | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                  | *   | Minus           | **                   |                                     | =                |      | X\$ 9=              |                        | OR | X\$18=                        |                        |
|   | Independent                            | *   | Minus           | ***                  | IT OL AIN                           | =                | 4    | X42=                |                        | OR | X84=                          |                        |
|   | FIRST PRESE                            | NTATION OF M                                | OLTIPLE DE      | PENDER               | NI CLAIN                            |                  | لـ   | +140=               |                        | OR | +280=                         |                        |
|   |  |   |                 |                      |                                     |                  |      | TOTAL<br>ADDIT. FEE |                        | OR | TOTA<br>ADDIT. FE             |                        |
|   |  | (Column 1)                                  |                 |                      | umn 2)                              | (Column 3        | 3)   |                     |                        |    |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | NU<br>PRE            | SHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                  | *   | Minus           | **                   |                                     | =                |      | X\$ 9=              |                        | OF | X\$18=                        |                        |
|   | Independent                            | *   | Minus           | ***                  | NT OL 111                           | =                | 4    | X42=                |                        | OF | X84=                          |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDE |   |                 |                      | NI CLAII                            | VI               | _    | +140=               |                        | OF | +280=                         |                        |
|   | If the entry in col                    | umn 1 is less than                          | the entry in co | olumn 2, w           | rite "0" in o                       | column 3.        | 20 " | TOTAL               |                        | OF | TOTA                          | L C                    |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |                      |                                     |                  |      |                     |                        |    |                               |                        |